

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12209**  
Registrar's No. **2566**

FILED MAR 24 1953

|   |                               |  |            |   |             |   |           |
|---|-------------------------------|--|------------|---|-------------|---|-----------|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>  |            | PRIMARY REG. DIST. NO. <b>1003</b>  |             | Registrar's No. <b>2566</b>   |           |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |  |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____  |             |   |           |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis, Mo.</b>  |                               | c. LENGTH OF STAY (In this place) _____  |            | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |             | <b>2159</b>   |           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4833 Nebraska</b>  |                               |  |            | d. STREET ADDRESS (If rural, give location)<br><b>15 4833 Nebraska</b>  |             |   |           |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Fred Reinecke</b>   |                               |  | a. (First) |   | b. (Middle) |   | c. (Last) |
| 4. DATE OF DEATH <b>3-6-53</b>  |                               | (Month)  |            | (Day)   |             | (Year)  |           |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                  |            | 8. DATE OF BIRTH <b>Dec. 20, 1879</b>   |             | 9. AGE (In years last birthday) <b>73</b>                             |           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Storekeeper,</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Laclede Gas Co.</b>  |            | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Mo.</b>   |             | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>                              |           |
| 13a. FATHER'S NAME<br><b>Unk Reinecke</b>   |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Rose Unk</b>   |            | 14. NAME OF HUSBAND OR WIFE<br><b>Selma Reinecke</b>  |             |   |           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                               | 16. SOCIAL SECURITY NO. <b>no</b>  |            | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Selma Reinecke</b>  |             |   |           |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                               |  |            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocardial disease</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b> |             |   |           |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |            | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |             |   |           |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |            | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |             | 21f. HOW DID INJURY OCCUR?<br><b>4222</b>                             |           |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |            | 22. I hereby certify that I attended the deceased from <b>8-10 1951</b> , to <b>3-6 1953</b> , that I last saw the deceased alive on <b>3-6 1953</b> , and that death occurred at <b>1450 p.m.</b> , from the causes and on the date stated above.  |             |   |           |
| 23a. SIGNATURE<br><b>Okey L. Jones</b>  |                               | (Degree or title) <b>M.D.</b>  |            | 23b. ADDRESS<br><b>3616 S. Bldg., St. Louis</b>   |             | 23c. DATE SIGNED<br><b>3-7-53</b>                                     |           |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                               | 24b. DATE<br><b>3-9-53</b>   |            | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Trinity Lutheran</b>   |             | 24d. LOCATION (City, town, or county) (State)<br><b>Lemay 23, Mo.</b> |           |
| DATE REC'D BY LOCAL REG. <b>MAR 9 1953</b>  |                               | REGISTRAR'S SIGNATURE<br><b>J. C. Smith</b>  |            | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Southern Funeral Home</b>  |             | ADDRESS<br><b>6322 S. Grand</b>                                       |           |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. O. S. Jones  
3616 S. Broadway

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*David J. F. Jones*

Licensed Embalmer No. *4342*

P. O. Address *6322 S. Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.